



WARSAW COMMUNITY SCHOOLS – TRANSPORTATION DEPARTMENT
 PO Box 288 • Warsaw, IN 46580 • (574) 269-1750

ALTERNATE TRANSPORTATION REQUEST

T-1

TRANSPORTATION OFFICE USE ONLY			
Home AM Bus#		Home PM Bus#	
Alternate AM Bus#		Alternate PM Bus#	
Driver Notified			
Parent/Guardian Notified			
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied
Start Date			

STUDENT INFORMATION

For families with multiple students, please fill out one form for each student.

Student Last Name	Student First Name	Middle Initial
Student Address (Actual Physical Address)	City	ZIP Code
School Name	Grade	
Requested Start Date	<i>Transportation requests may take 3-5 business days to process, notify school administrators, bus drivers, and make necessary route changes to accommodate the request. I acknowledge that the request will not begin until notified by a representative of the WCS Transportation Department.</i>	

AM REQUEST		PM REQUEST	
Please choose requested AM pick-up location(s):		Please choose requested PM Drop-off location(s):	
<input type="checkbox"/> Bus from Home (from above) <small>Leave blank if transportation from home is not required</small>	<input type="checkbox"/> Alternate Location (from below) <small>Leave blank if transportation form alt. stop is not required</small>	<input type="checkbox"/> Bus to Home (from above) <small>Leave blank if transportation to home is not required</small>	<input type="checkbox"/> Alternate Location (from below) <small>Leave blank if transportation to alt. stop is not required</small>
<small>Check this box if your child will need AM transportation from the home address above</small> <small>Check this box if you child will need AM transportation from alternate address below</small>		<small>Check this box if your child will need PM transportation to the home address above</small> <small>Check this box if you child will need PM transportation to alternate address below</small>	
Alternate Physical Address: <u>Check One:</u> <input type="checkbox"/> <i>Everyday</i> <input type="checkbox"/> <i>As Needed?</i>		Alternate Physical Address: <u>Check One:</u> <input type="checkbox"/> <i>Everyday</i> <input type="checkbox"/> <i>As Needed?</i>	
Alternate Location Contact Name	Alternate Location Contact Phone	Alternate Location Contact Name	Alternate Location Contact Phone
Relationship to Contact	Reason for Request/Comments		Relationship to Contact

PARENT/GUARDIAN INFORMATION

First and Last Name	Home/Primary Phone	Alternate Phone
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The Warsaw Community Schools Transportation Department is committed to the safe transportation of your child(ren). We will not be able to transport students to alternate locations without an Alternate Transportation Request (T-1) on file for his/her safety. Notes from parents to ride another bus will not be accepted and the Transportation Depart cannot honor complex transportation requests. Alternate stops cannot be an intersections or businesses. My signature certifies that I am the parent/legal guardian of the above student and authorized to request transportation to/from the Home Address/Alternate location listed above.

Parent/Legal Guardian Signature	Date Submitted
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ALTERNATE TRANSPORTATION REQUEST T-1 INSTRUCTION SHEET

The T-1 form will be used to request alternate locations your student can be picked up from, or delivered to, before and after school. Please complete for **each student** that will need an alternate transportation. Please keep in mind, students will not be picked up or dropped off at places of business or an intersection unless that intersection is a normal stop for that area. The child must be able to enter the dwelling and an adult must be able to receive the student. The form will need to be signed by the custodial parent or guardian. The T-1 only becomes effective after a representative from the Transportation Department has contacted you and advised you what day the alternate transportation will begin.

Instructions:

In the student information section, complete all fields and enter a “requested” start date if the alternate transportation is needed in the near future. If the alternate transportation is needed immediately, please enter ASAP in the requested start date field. You will be notified as to when the transportation is to start.

In the AM/PM Request section, complete that as needed. If you need transportation from home, check that box. If you also need transportation at an alternate bus stop, check that box. Please check whether the alternate transportation is needed every day or as needed by checking the appropriate box. Complete the rest of the section using the actual address of the alternate stops, including a contact name for an adult at that stop and a contact number. Finally, include the reason for the transportation request, or a short comment.

In the Parent/Guardian section, please print your name, your primary phone number and an alternate phone number so we may contact you to inform you when the transportation will begin.

Submitting the form:

The T-1 can be submitted by emailing it to transportation@warsawschools.org, dropping the form off at any Warsaw Community Schools school office, or bringing the form to the Transportation Department. Don't forget to sign the form. T-1 forms not signed are not considered valid and will be denied.

If you have any questions, please feel free to contact the Transportation Department at 574-269-1750.